Vitamin D for prevention and treatment of Covid-19

Transformation of a Rapid Review in a living Systematic Review

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Background

Challenging situation: To find rapid answers while maintaining a rigorous methodology.
Aims

• Could vitamin D have a favourable benefit/risk balance for preventing severe COVID-19 and/or treating the disease?

• To contextualize the answer inside the health care crisis, adapting the rapid review in a living systematic review.
Methods

Definition of PICO Question

clinical practice guidelines, systematic reviews, published preprint and ongoing studies

Search strategies

Gradually the document evolved with the methodology

Living systematic reviews Cochrane published
Australian Living guidelines for the clinical care of people with COVID-19.
Methods

Continuous review of selection criteria
Adoption the PRISMA statement’s recommendation
Incorporation the characteristics of a living systematic review: planification of frequency of surveillance to assess the available resources

The rules in successive versions of report

To highlight the new text added
To specify the withdrawal of obsolete or irrelevant studies due to new publications of better quality
To remove redundant evidence, articles retraction and predatory publications
Specific preprints sources were removed from the searchable sources list.
Results

- Updated continuously (date, terminology, and controlled terms normalization)
- Periodic searches of evidence in databases
- Alerts in LOVE platform and COVID-19 Evidence Alerts from McMaster PLUS

- The searches retrieved >7000 documents
- Included studies in the last version of the review:
  - 21 RCTs and 6 quasi-experimental studies included
  - 43 ongoing studies
A rapid review evolved through 22 versions

- First 6 versions: weekly update
- 6 version to 12 version: update every 15 days
- 12.1 version to 12.7 version: monthly update
- From the version developed in December 2021, changing frequency of the update, until the current version.
Limits

• Poor evidence-quality studies (at the initial stage of review)
• Lack of peer review of the literature
• HIGH HETEROGENEITY detected in population and intervention. Prevented from pooling the outcomes

Opportunities

• Helping stakeholders with decision-making process
• Learning and building synergies

Weaknesses

• Lack of visibility, slow and unflexible publication process
Conclusions

Vitamin D for prevention and treatment of COVID-19 was adapted from a rapid review to a living SR in the context of pandemic evolution.

- Sharing data and information was essential to generate knowledge.
- All type of available evidence was included at the beginning and only RCTs, SR, HTA reports are currently being accepted.

In pandemic context, Intra and interdiscipliary collaboration, trustworthy sources are essential to provide evidence and decision making support.
Thank you

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